

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013266

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3134

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAR 28 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

16 days

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis Childrens

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☐ No ☐

c. CITY OR TOWN

St. Louis

d. STREET ADDRESS

2230 Cass, Apt. 102

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Betty

Middle

Ruth

Last

Fletcher

4. DATE OF DEATH

Month

3

Day

15

Year

63

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-18-56

9. AGE (last birthday)

6 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute lymphocytic Leukemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

204.3

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Osteomyelitis involving hand and foot

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-28-63

to 3-15-63

and last saw her alive on 3-15-63

Death occurred at

9:15 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward T. Barker MD

22b. ADDRESS

500 S. Kings Highway

22c. DATE SIGNED

3/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Mar 22/63

23c. NAME OF CEMETERY OR CREMATORY

Father's Dickson

23d. LOCATION (City, town, or county)

St. Louis

(State)

MO

24. GENERAL DIRECTOR

ADDRESS

H A Green 4214 Selman

25. DATE RECD. BY LOCAL REG.

MAR 18 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

F. A. Green

Licensed Embalmer No. _____

²⁹⁶³
F. A. Green

P. O. Address _____

4214 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.